		EXTE	NDED TO NOV	EMBE	ER 15, 201	9		
_{Fæ∞} 990-T	E	xempt Orga	nization Bus	sine	ss Income	Tax Retu	rn	OMB No 1545-0687
		' (a	nd proxy tax und	ler se	ction 6033(e))			0040
	For cal	endar year 2018 or other tax ye	ar beginning		, and ending			2018
Department of the Treasury	■ Go to www irs gov/Form990T for instructions and the latest information ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							Open to Public Inspection for
Internal Revenue Service							·	501(c)(3) Organizations Only ployer identification number
A Check box if address changed		Name of organization (Check box if name changed and see instructions) DEmploided DEmp						
B Exempt under section	Print	WRVM INC.	1	39-1102434				
X 501(c D3)	or	Number, street, and room	a or suite no. If a P.O. ho	v coo ir	etructions		E Unre	elated business activity code
408(e) 220(e)	Type	P.O. BOX 21		, 366 II	130 0000113		(See	instructions)
408A 530(a)		City or town, state or pro		or foreia	n postal code		\dashv	
529(a)		SURING, WI	54174-0212		pootar oodo		515	5100
C Book value of all assets at end of year		F Group exemption num	ber (See instructions)	>				
1,736,5	10.	G Check organization typ	e ► X 501(c) cor	poration	501(c) tru	st 40	1(a) trust	Other trust
H Enter the number of the	-			1	Desc	ribe the only (or first) unrelate	t
trade or business here	► <u>REL</u>	IGIOUS RADI	O BROADCAST	ING	If only o	one, complete Parts	I-V If mor	e than one,
describe the first in the b	lank spac	ce at the end of the previou	us sentence, complete Pa	arts I an	d II, complete a Sche	dule M for each addi	tional trad	e or
business, then complete								
		oration a subsidiary in an		nt-subs	diary controlled group	p?	• [] Y	es X No
		ifying number of the paren			Tal	ephone number	920	-842-2900
		e or Business Inc			(A) Income	(B) Exper		(C) Net
1 a Gross receipts or sale	c			Г	(/// moonie	(D) EXPO	1000	1 (0) 1101
b Less returns and allow			c Balance	1c		•		
2 Cost of goods sold (S		A, line 7)	, • • • • • • • • • • • • • • • • • • •	2				
3 Gross profit. Subtract	line 2 fro	om line 1c		3		•		
4 a Capital gain net incom	ne (attach	n Schedule D)		4a				
b Net gain (loss) (Form	4797, Pa	art II, line 17) (attach Form	1 4797)	4b		<u>-</u>		
c Capital loss deduction	for trus	ts		4c			*	
5 Income (loss) from a	partners	hip or an S corporation (a	ttach statement)	5				
6 Rent income (Schedul	,			6	94,274	20	<u>,339.</u>	73,935.
7 Unrelated debt-financi		'		7				-
		id rents from a controlled o	=	8				
		n 501(c)(7), (9), or (17) or ma (Schodula I)	rganization (Schedule G)		· · · · · · · · · · · · · · · · · · ·			
10 Exploited exempt active11 Advertising income (S	-			10				
12 Other income (See ins		•		12				
13 Total Combine lines		. ,		13	94,274	20	,339.	73,935.
		t Taken Elsewher	e (See instructions for				,	
		tions, deductions must						
14 Compensation of offi	cers, dir	ectors, and trustees (Sche	dule K)	150	~		14	
15 Salaries and wages			FOEI	150	401		15	
16 Repairs and mainten	ance	1	REUL	5.	30.88		16	
17 Bad debts		1		",501,	3 /\$F/		17	<u> </u>
18 Interest (attach scher	dule) (se	e instructions)	BY MOVICE	, -	أعلي		18	
19 Taxes and licenses			NOV Q	. 3. "			19	
		instructions for limitation	TUREST CO	W.			20	
21 Depreciation (attach	rorm 45	oz) Schedule A and elsewhere	1 11712		 			
22 Less depreciation cla 23 Depletion 1	iii ii ii ii	Schedule A and eisewhen	e on teach		22a		22b 23	
24 Contributions to defe	rred con	nnensation nlans					24	
25 Employee benefit pro		portsution plans					25	
26 Excess exempt exper		nedule I)					26	
27 Excess readership co		·	•				27	
28 Other deductions (att							28	
29 Total deductions Ac							29	0.
30 Unrelated business to	axable in	come before net operating					30	73,935.
		oss arising in tax years beg					31	
32 Unrelated business to	axable in	come Subtract line 31 fro	m line 30		· · · · · · · · · · · · · · · · · · ·		32	73,935.
823701 01-09-19 LHA Fo	r Paperv	vork Reduction Act Notice	see instructions					Form 990-T (2018)

Form 990-T	(2018) WRVM INC. 39-110	2434	Page 2
Part II	I Total Unrelated Business Taxable Income		
88	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	88	73,935.
	Amounts paid for disallowed fringes	34	563.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	85	74,498.
86	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	l i	
	lines 33 and 34	36	
87	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	87	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	88	0.
Part IV	/ Tax Computation		
89	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	89	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
[Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
48	Tax on Noncompliant Facility Income. See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V	Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
	Other credits (see instructions)]]	
6	General business credit. Attach Form 3800	1	
d t	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 1	
	Total credits. Add lines 45a through 45d	45B	
46		46	0.
47	Subtract line 45c from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b]	
	Tax deposited with Form 8868	1	
d l	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	1 1	
	Backup withholding (see instructions)	1 1	
	Credit for small employer health insurance premiums (attach Form 8941)	1	•
	Other credits, adjustments, and payments: Form 2439	1	
ຶ້ໃ	Form 4136 Other Total ▶	1 1	
51	Total payments. Add lines 50a through 50g	51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	65	
Part V	Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
(over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 1
	hare >		<u>x</u>
57 (During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.	•	
	Enter the amount of lax-exempt interest received or accrued during the tax year > \$		
	Under possition of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than texpayer) is based on all information of which proparer has any knowledge.	igo and belief, i	l is true,
Sign			iss this roturn with
Here		a bio bio ne anaci Santa ne anaci	
	Signature of officer Date Title Inc.	structions)? 🚺	Yes No
	Print/Type preparer's name Preparer's signulaire Date Check	PTIN	
Paid	sell- employed		
	DROVY MEVED DROVY MEVED 11/12/10	P012	46910
Prepar Use Or	CY TEMONY AD CONSTITUTE TEN		746749
OSO O	PO BOX 23819		
		20-436	7800
823711 01-0			m 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation > N	′A			
1 Inventory at beginning of year	1		6	Inventory at end of	year		6	
2 Purchases	2	7 Cost of goods sold Subtract			ine 6			
3 Cost of labor	3		7	from line 5. Enter h				
4 a Additional section 263A costs		<u> </u>	7	line 2			7	
(attach schedule)	4a		8	Do the rules of sect	ion 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		7	property produced		•		i
5 Total Add lines 1 through 4b	5		7	the organization?	•	, ,		
Schedule C - Rent Income (From Real	Property and	Per		Lease	d With Real Prop	erty)	
(see instructions)	•				_			
1 Description of property								
(1) RENTAL OF RADIO	TOWERS				_			
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the perce property exceeds 50% or ed on profit or income)	entage · if	3(a) Deductions directly columns 2(a) a SEE STAT	nd 2(b) (a	attach schedule)
(1)				94,	274.	20,339.		
(2)								
(3)								
(4)	-				_			
Total	0.	Total		94,	274.	1		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			274.	(b) Total deductions Enter here and on page 1, Part I, fine 6, column (B)	•	20,339.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·		Gross income from		3 Deductions directly conto debt-finance	nected v	vith or allocable erty
1 Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							\top	
(2)								
(3)								
(4)		_						
4 Amount of average acquisition dobt on or allocable to dobt-imanced property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				9/	, o			
(2)				9/	,			
(3)				9	\neg			
(4)				9/	,			
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals					▶ │	0		0.
Total dividends-received deductions in	cluded in column	n 8			- <u>L</u>	-	-	0.
								Form 990-T (2018)

(1)
(2)
(3)
(4)

Totals (carry to Part II, line (5)) ► 0. 0.

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39-1102434

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)				<u></u>		
(4)			-			
Totals from Part I	▶ 0.	0.	,		•	0
	Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col. (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	0.	-	•	•	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
_(4)		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/98	26,934.	7,317.	19,617.	19,617.
12/31/99	34,166.	0.	34,166.	34,166.
12/31/00	28,695.	0.	28,695.	28,695.
12/31/01	46,141.	0.	46,141.	46,141.
12/31/02	58,873.	0.	58,873.	58,873.
12/31/03	69,472.	0.	69,472.	69,472.
12/31/04	43,831.	0.	43,831.	43,831.
12/31/05	52,832.	0.	52,832.	52,832.
12/31/06	43,522.	0.	43,522.	43,522.
12/31/07	15,636.	0.	15,636.	15,636.
12/31/08	26,130.	0.	26,130.	26,130.
12/31/10	34,382.	0.	34,382.	34,382.
12/31/11	35,062.	0.	35,062.	35,062.
12/31/12	31,182.	0.	31,182.	31,182.
12/31/13	2,978.	0.	2,978.	2,978.
12/31/14	40,830.	0.	40,830.	40,830.
12/31/15	35,246.	0.	35,246.	35,246.
12/31/16	31,778.	0.	31,778.	31,778.
12/31/17	28,215.	0.	28,215.	28,215.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	678,588.	678,588.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 2
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
WAGES REPAIRS AND MASOCCUPANCY PROFESSIONAL F				1,583. 8,470. 9,732. 554.	
TROI EDDIONAL T	550	- SUBTOTA	L - 1	334.	20,339.
TOTAL TO FORM	990-T, SCHEDUI	LE C, COLUI	MN 3		20,339.